



DONATION REQUEST FORM

Date of request: _____ Requested by: _____

Name of Organization: _____

Phone: _____ E-mail: _____

Organization's Primary Contact: _____ Title: _____

Are bank employees part of the organization? If so, name (s): _____

Non-profit Organization? Yes _____ No _____ If Non-profit, your tax ID#: _____

Describe the Specific request: (Please attach any supporting materials you have about the request)

Date of Event: _____

Deadline for Payment and Supporting Materials (ad, logo, etc.) _____

Check payable to: _____

Mail check to: _____

Note: PLEASE SUBMIT REQUEST TO THE BANK AT LEAST 30 DAYS PRIOR TO PAYMENT AND SUPPORTING MATERIALS DEADLINE.

**P.O. Box 1570
Ocala, FL 34478
(352) 369-1000 Phone
(352) 861-7666 Fax**